

### **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

# TOTAL HEALTH CARE, INC.

Country of Damicele   Laws of Democle or Port of Entry   Mil	NAIC G	• — —	IAIC Company Code	95644 Employer's ID	Number <u>38-2018957</u>
Learned as business type: Health Maintenance Organization  Is HMO Federally Qualified? Yes [ X ] No [ ]  Incorporate/Organized	Organized under the Laws of	(Current) (Prior)	, State	e of Domicile or Port of En	tryMI
Is HMO Federally Qualified? Yes [ X ] No [ ] Incorporated/Crganized 07001/1973 Commenced Business 05001/1976 Statutory Home Office 3011 W. GRAND BLVD. SUITE 1600 DETROIT, MI, US 48202  (Sived and Number) (Orly or Town, State, Country and Zip Code)  DETROIT, MI, US 48202 (Sived and Number) 313-871-7878  (City or Town, State, Country and Zip Code) (Sived And Number) 313-871-7878  (City or Town, State, Country and Zip Code) (City or Town, State, Country and Zip Code)  Main Administrative Office 3011 W. GRAND BLVD. SUITE 1600 (Sived and Number) 313-871-7878  (City or Town, State, Country and Zip Code) (City or Town, State, Country and Zip Code)  Primary Location of Bocks and Records Situation State, Country and Zip Code) (Sived and Number) 313-871-7878  (City or Town, State, Country and Zip Code) (Sived and Number) 313-871-7878  (City or Town, State, Country and Zip Code) (Avea Code) (Telephone Number) (Avea Code) (Telep	Country of Domicile		United States of A	merica	
Incorporated/Organized 070012407	Licensed as business type:		Health Maintenance O	rganization	
Statutory Home Office 3011 W. GRAND BLVD. SUITE 1600 (City or Town. State. Country and Zip Code)  Mein Administrative Office 3011 W. GRAND BLVD. SUITE 1600 (Steet and Number)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  (Ci	Is HMO Federally Qualified? Y	es[X]No[]			
(Street and Number)  (City or Town, State, Country and Zip Code)  (Street and Number)  (City or Town, State, Country and Zip Code)  (Street and Number)  (Area Code) (Telephone Number)  (Area Code) (Telephone Number)  (A	Incorporated/Organized	07/01/1973		Commenced Business	05/01/1976
Main Administrative Office    Secretary   Street and Number   S13-871-7878	Statutory Home Office	3011 W. GRAND BLVD. SUITE	1600 ,		DETROIT, MI, US 48202
(Street and Number)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code) (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  Primary Location of Books and Records  Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  Primary Location of Books and Records  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  (City or Town, State, C		(Street and Number)		(City or	Town, State, Country and Zip Code)
DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (Street and Number or P.O. Box) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  Primary Location of Books and Records DETROIT, MI, US 48202 (Street and Number)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  Internet Website Address THCMI.COM  Statutory Statement Contact SARA JANE MCGLYNN (Name) (Rea Code) (Telephone Number)  Sara m.org/nm@prior/tohealth.com (Name) (E-mail Address)  OFFICERS PRESIDENT PRAYEEN GOPE THADANI # SICHOLAS PATRICK GATES # MICHAEL ADAM JASPERSON # State of Country of Life propring entity being duly aworm, each depose and say that they are the described officers of said reporting entity, and that on the reporting pariod stated above and of its income and decludions between the absorbule property of the said reporting entity, from the saves and isabilities and of societies of the said reporting entity being duly aworm, each depose and say that they are the described officers of said reporting entity, and that on the reporting pariod stated above and of its income and decludions therefore hose are declared from any liens or distinct mention, except as herein stated, and that the statement, together with related excibility, schedules and explanations therein contained, annead or referred to, is a full and the statement of all the assets and liabilities and of societies of the said reporting entity being duly aworm, each depose and say that they are the described officers as for the said reporting entity as of the said reporting	Main Administrative Office	3			
(City or Town, State, Country and Zip Code)  Mail Address  3011 W. GRAND BLVD. SUITE 1600 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  Primary Location of Books and Records  3011 W. GRAND BLVD. SUITE 1600 (City or Town, State, Country and Zip Code)  DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)  THEOMICOM  Statutory Statement Contact  SARA JANE MCGLYNN  A13-871-7878  (Ame) (Area Code) (Telephone Number)  Sara.mcglynn@priorityhealth.com  (FAX Number)  OFFICERS  PRESIDENT  PRAVEEN GOPE THADANI #  KIMBERLY LYNN THOMAS  STREASURER  NICHOLAS PATRICK GATES #  STREASURER  SSECRETARY  KIMBERLY LYNN THOMAS  STATE  STATE  STATE  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated abova at of the herein described assets were the absolute property of the said reporting entity, free and clear from any liers or claims thereon, except as herein stated, and that use or requisitions require differences in reporting entity, free and clear from any liers or claims thereon, except as herein stated, and that the responsible property of the said reporting entity, free and clear from any liers or claims thereon, except as herein stated, and that the responsible property of the said reporting entity, free and clear from any liers or claims thereon, except as herein stated, and that the relative or requisitions require differences in reporting on related to accounting practices and procedures manual except to the extent that (1) the processor of this articles and procedures manual except to the extent that (1) the reporting perior of the said reporting entity or the period entity and the NAIC, when required, that is except to present of the period entity and the property of the period entity and the NAIC, when required, that is executed by the NAIC Annual Sta		DETROIT, MI, US 48202	•	iber)	313-871-7878
City or Town, State, Country and Zip Code	(City or T	own, State, Country and Zip Code)		(Ar	rea Code) (Telephone Number)
(City or Town, State, Country and Zip Code)  Primary Location of Books and Records  3011 W. GRAND BLVD. SUITE 1600  DETROIT, ML US 48202  (City or Town, State, Country and Zip Code)  (Street and Number)  (City or Town, State, Country and Zip Code)  (City Country and Zip Code)  (City Country	Mail Address	3011 W. GRAND BLVD. SUITE 1600			DETROIT, MI, US 48202
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Statutory Statement Contact  SARA JANE MCGLYNN (Name) (Name) (Name) (Area Code) (Telephone Number) 313-748-1391  (FAX Number)  OFFICERS PRESIDENT PRAVEEN GOPE THADANI # NICHOLAS PATRICK GATES #  NICHOLAS PATRICK GATES *  NICHO	(City or T		,	(Ar	
Name   (Area Code) (Telephone Number)   313-748-1391	Internet Website Address		THCMI.COM	Л	
Name   (Area Code) (Telephone Number)   313-748-1391	Statutory Statement Contact	SARA JANE MCG	I YNN		313-293-6466
OFFICERS PRESIDENT PRAVEEN GOPE THADANI # SECRETARY KIMBERLY LYNN THOMAS  OTHER  DIRECTORS OR TRUSTEES NICHOLAS PATRICK GATES # MICHAEL ADAM JASPERSON #  KIMBERLY LYNN THOMAS  State of County of  The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated abova all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that it statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and frue statement of all the assets and liabilities and off condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been complet in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Proceedures manual except to the extent that: (1) state law may differ or, (2) that state unless or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and believashed the scape of this attestation by the described officers also includes the related comploin filing with the NAIC. When required, that is exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  PRAVEEN GOPE THANDANI PRESIDENT  NICHOLAS PATRICK GATES  KIMBERLY LYNN THOMAS  SECRETARY  Subscribed and sworn to before me this  a. Is this an original filing?  Yes [X] No []  b. If no.  1. State the amendment number	•	(Name)		, '	(Area Code) (Telephone Number)
PRESIDENT PRAVEEN GOPE THADANI # SECRETARY KIMBERLY LYNN THOMAS  TREASURER    NICHOLAS PATRICK GATES #	sara				
PRESIDENT PRAVEEN GOPE THADANI # NICHOLAS PATRICK GATES #  OTHER  DIRECTORS OR TRUSTES PRAVEEN GOPE THADANI # NICHOLAS PATRICK GATES # MICHAEL ADAM JASPERSON # MICHAEL ADA		(E mail / tadiess)		_	(I / OX Number)
TREASURER    NICHOLAS PATRICK GATES #   DIRECTORS OR TRUSTES	DDESIDENT	PRAVEEN GODE THADAN			KIMREDI V I VNN THOMAS
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State of County of			NICHOLAS PATRICI	K GATES #	MICHAEL ADAM JASPERSON #
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PRESIDENT  TREASURER  a. Is this an original filling?	all of the herein described assistatement, together with related condition and affairs of the said in accordance with the NAIC A rules or regulations require di respectively. Furthermore, the exact copy (except for formattin	ets were the absolute property of the sa exhibits, schedules and explanations the reporting entity as of the reporting perion nnual Statement Instructions and Accoufferences in reporting not related to ascope of this attestation by the describe	aid reporting entity, free erein contained, annexe d stated above, and of i niting Practices and Pro coounting practices an ed officers also includes	and clear from any liens ad or referred to, is a full at ts income and deductions cedures manual except to d procedures, according the related corresponding	or claims thereon, except as herein stated, and that this not true statement of all the assets and liabilities and of the therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief g electronic filing with the NAIC, when required, that is an
PRESIDENT  TREASURER  a. Is this an original filling?	DDAY (SEL COST TO		NIOLIOL AG BATTIS	( OATE)	WHATERING NAME TO A STATE OF THE STATE OF TH
Subscribed and sworn to before me this  day of  1. State the amendment number					
2 Date filed				<ul><li>b. If no,</li><li>1. State the amendment</li></ul>	

3. Number of pages attached......

# **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

					1	
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
019999 Total individuals.						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
				• • • • • • • • • • • • • • • • • • • •		
					L	
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	0	0	0	0	0	0

# **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	1 - 30 Days	31 - 00 Days	01 - 90 Days	Over 90 Days	ivoriauriilleu	Admitted
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	227,300	0	0	0	0	227,300
0299999. Total Claim Overpayment Receivables	227,300	0	0	0	0	227,300
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	22.,000	<u>-</u>		<u>-</u>		
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
Maternity Receivable	248,936	0	0	0	0	248,936
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	248,936	0	0	0	0	248,936
0799999 Gross health care receivables	476,236	0	0	0	0	476,236

### **EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

		eivables Collected ring the Year		ceivables Accrued 31 of Current Year	5	6
	1	2	3	4		Estimated Health Care
	On Amounts Accrued	On Amounts Accrued	On Amounts Accrued December 31 of	On Amounts Accrued	Receivables from Prior Years	Receivables Accrued as of December 31
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	of Prior Year
Pharmaceutical rebate receivables					0	0
Claim overpayment receivables	1,222,722	22,714,234	0	227,300	1,222,722	1,339,531
Loans and advances to providers					0	0
Capitation arrangement receivables					0	0
Risk sharing receivables					0	0
6. Other health care receivables	. 740,706			248,936	740,706	740,706
7. Totals (Lines 1 through 6)	1,963,428	22,714,234	0	476,236	1,963,428	2,080,237

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

# EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid	d Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						<u> </u>
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	321,659					321,659
049999. Subtotals	321,659	0	0	0	0	321,659
0599999. Unreported claims and other claim reserves		•	-			2,529,549
0699999. Total amounts withheld						ĺ
0799999. Total claims unpaid						2,851,208
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0899999 Accrued medical incentive pool and bonus amounts	ļ	······································	······································			1,837,808
						1,007,000

# **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

	2	,	1	<i>E</i>	6	A also	Admitted		
'	2	3	4	J	U	Auii 7	0		
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current		
0199999. Individually listed receivables	0	0	0	0	0	0	0		
0299999. Receivables not individually listed	111,462				0	111,462	0		
0399999 Total gross amounts receivable	111,462	0	0	0	0	111,462	0		

# EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Priority Health Managed Benefits	Management Fee	149,535	149,535	
0199999. Individually listed payables		149,535	149,535	0
0299999. Payables not individually listed		5,173,973	5,173,973	
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0399999 Total gross payables		5,323,508	5,323,508	1 0

### ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE, INC. **EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	10,782,324	6.6	33,400	0.0	10,782,324	
2. Intermediaries.	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	10,782,324	6.6	33,400	0.0	10,782,324	0
Other Payments:						
5. Fee-for-service	176,489	0.1	XXX	XXX		176,489
6. Contractual fee payments	150,467,309	92.6	XXX	XXX		150,467,309
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	984,915	0.6	XXX	XXX		984,915
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	151,628,713	93.4	XXX	XXX	0	151,628,713
13. TOTAL (Line 4 plus Line 12)	162,411,037	100%	XXX	XXX	10,782,324	151,628,713

# **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIGONI		O vitati v Botil	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
9999999 Totals		0	XXX	XXX	XXX

# **EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

2. DETROIT, MI REPORT FOR: 1. CORPORATION TOTAL HEALTH CARE, INC. (LOCATION)

								(LOCATIO		
AIC Group Code 3383 BUSINES	S IN THE STATE OF			· · · · · · · · · · · · · · · · · · ·		DURING THE YE			npany Code	95644
	1	Comprehensive (Hos	pital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
otal Members at end of:										
1. Prior Year	62,013	0	0	0	0	0	0	200	61,813	
2. First Quarter	63,911							212	63,699	
3. Second Quarter	65,552							217	65,335	
4. Third Quarter	66,434							215	66,219	
5. Current Year	0							0	0	
6. Current Year Member Months	575,494							1,906	573,588	
otal Member Ambulatory Encounters for Year:										
7 Physician	259,596							860	258,736	
8. Non-Physician	197,998							656	197,342	
9. Total	457,594	0	0	0	0	0	0	1,516	456,078	
10. Hospital Patient Days Incurred	29,343							97	29,246	
11. Number of Inpatient Admissions	6,404							21	6,383	
12. Health Premiums Written (b)	180,476,015							166,385	180,309,630	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	180,291,278							165,773	180 , 125 , 505	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	162,411,037			 				203,659	162,207,378	
18 Amount Incurred for Provision of Health Care Services	144,118,242							131,444	143,986,798	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ........



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

2. DETROIT, MI REPORT FOR: 1. CORPORATION TOTAL HEALTH CARE, INC.

								(LOCATIO	N)	
NAIC Group Code 3383 BUSINES	S IN THE STATE OF					DURING THE YE			npany Code	95644
	1	Comprehensive (Ho	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	62,013	0	0	0	0	0	0	200	61,813	0
2. First Quarter	63,911	0	0	0	0	0	0	212	63,699	0
3. Second Quarter	65,552	0	0	0	0	0	0	217	65,335	0
4. Third Quarter	66,434	0	0	0	0	0	0	215	66,219	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	575,494	0	0	0	0	0	0	1,906	573,588	0
Total Member Ambulatory Encounters for Year:										
7 Physician	259,596	0	0	0	0	0	0	860	258,736	0
8. Non-Physician	197,998	0	0	0	0	0	0	656	197,342	0
9. Total	457,594	0	0	0	0	0	0	1,516	456,078	C
10. Hospital Patient Days Incurred	29,343	0	0	0	0	0	0	97	29,246	C
11. Number of Inpatient Admissions	6,404	0	0	0	0	0	0	21	6,383	C
12. Health Premiums Written (b)	180,476,015	0	0	0	0	0	0	166,385	180,309,630	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	180,291,278	0	0	0	0	0	0	165,773	180,125,505	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	162,411,037	0	0	0	0	0	0	203,659	162,207,378	0
18 Amount Incurred for Provision of Health Care Services	144,118,242	0	0	0	0	0	0	131,444	143,986,798	0

# **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed	Accident and Health Insurance	e Listed by Reinsured Compan	v as of December 31. Current Year
I CHISHIALICE ASSUMED	Accident and Health moulant	e Listed by itellisuled Collibali	v as of December 51. Current real

1	2	3	4	5	6	7	8	9	10	11	12	13
									Reserve Liability			
NAIC					Type of	Type of			Other Than for	Reinsurance Payable	Modified	
Company	ID	Effective		Domiciliary Jurisdiction	Reinsurance	Business		Unearned	Unearned	on Paid and	Coinsurance	Funds Withheld
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Under Coinsurance
	· · · · · · · · · · · · · · · · · · ·											
	· · · · · · · · · · · · · · · · · · ·											
						<b></b>						
						<b></b>						
							<del></del>					
										ļ		
9999999 - T	otals			·							·	

### **SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year NAIC Company Effective Domiciliary Unpaid Losses Name of Company Paid Losses Code Number Date Jurisdiction 0399999. Total Life and Annuity - U.S. Affiliates 0 0699999. Total Life and Annuity - Non-U.S. Affiliates 0799999. Total Life and Annuity - Affiliates 0 1099999. Total Life and Annuity - Non-Affiliates 0 0 1199999. Total Life and Annuity 0 1499999. Total Accident and Health - U.S. Affiliates 0 0 0 0 0 0 ..269,087 269,087 NY. 2199999. Total Accident and Health - Non-Affiliates 2299999. Total Accident and Health 269,087 269,087 2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) 2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 20999999) 269,087 0 9999999 Totals - Life, Annuity and Accident and Health

# **SCHEDULE S - PART 3 - SECTION 2**

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
1	2	3	4	5	6	7	8	9	10	Outstanding S	Surplus Relief	13	14
				Domi-					Reserve Credit	11	12		
NAIC				ciliary	Type of	Type of		Unearned	Taken Other			Modified	Funds Withheld
Company	ID	Effective		Juris-	Reinsurance	Business		Premiums	than for Unearned			Coinsurance	Under
Code	Number	Date	Name of Company	diction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
0399999.	Total Genera	Account - A	uthorized U.S. Affiliates				0	0	0	0	0	0	0
0699999.	Total Genera	Account - A	uthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
0799999.	Total Genera	Account - A	uthorized Affiliates				0	0	0	0	0	0	0
25364	13-1675535	11/01/2020	SWISS REINS AMER CORP	NY	SSL/I	MC	184,737	0	0	0	0	0	0
0899999.	General Acco	unt - Authori	zed U.S. Non-Affiliates				184,737	0	0	0	0	0	0
1099999.	Total Genera	Account - A	uthorized Non-Affiliates				184,737	0	0	0	0	0	0
1199999.	Total Genera	Account Aut	thorized				184,737	0	0	0	0	0	0
1499999.	Total Genera	l Account - U	nauthorized U.S. Affiliates				0	0	0	0	0	0	0
1799999.	Total Genera	l Account - U	nauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1899999.	Total Genera	I Account - U	nauthorized Affiliates				0	0	0	0	0	0	0
2199999.	Total Genera	l Account - U	nauthorized Non-Affiliates				0	0	0	0	0	0	0
2299999.	Total Genera	Account Un	authorized				0	0	0	0	0	0	0
2599999.	Total Genera	Account - C	ertified U.S. Affiliates				0	0	0	0	0	0	0
			ertified Non-U.S. Affiliates				0	0	0	0	0	0	0
			ertified Affiliates				0	0	0	0	0	0	0
			ertified Non-Affiliates				0	0	0	0	0	0	0
	Total Genera						0	0	0	0	0	0	0
			eciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
			eciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
			eciprocal Jurisdiction Affiliates				0	0	0	0	0		0
			eciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
			ciprocal Jurisdiction				0	0	0	0	0	0	0
4599999.	Total Genera	Account Aut	thorized, Unauthorized, Reciprocal Jurisdiction and Certified	d			184.737	0	0	0	0	0	0
			Authorized U.S. Affiliates	<del>-</del>			0	0	0	0	0	0	0
			Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			Authorized Affiliates				0	0	0	0	0	0	0
			Authorized Non-Affiliates				0	0	0	0	0	0	0
	Total Separat						0	0	0	0	0	0	0
			Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
			Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			Unauthorized Affiliates				0	0	0	0	0	0	0
			Unauthorized Non-Affiliates				0	0	0	0	0	0	0
	Total Separat						0	0	0	0	0	0	0
			· Certified U.S. Affiliates				0	0	0	0	0		0
			Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
			Certified Affiliates				0	0	0	0	0	<u> </u>	0
			Certified Non-Affiliates				0	0	0	0	0	0	0
	Total Separat						0	0	0	0	0		0
			Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0		0
			Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
			Reciprocal Jurisdiction Affiliates				0	0	0	0	0		0
			Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	•	0
			Reciprocal Jurisdiction				0	0	0	0	0		0
			Authorized, Unauthorized, Reciprocal Jurisdiction and Certif	fied			0	0	0	0	0	0	0
			99. 0899999. 1499999. 1999999. 2599999. 3099999. 36999		99999, 5399999	5999999		•			•		i -
0.00000.			999, 8199999 and 8699999)	, 1100000, 400	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		184.737	0	0	0	0	0	0
9299999			699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3	3999999, 4299999	0. 5199999. 5499	999, 6299999	,,,,,,				•		
1=11300.			999, 8499999 and 8799999)		.,	, ,	0	0	0	0	0	0	0
9999999			,				184,737	0	0	0	0	0	0

Schedule S - Part 4 **NONE** 

Schedule S - Part 4 - Bank Footnote **NONE** 

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote **NONE** 

# SCHEDULE S - PART 6 Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)									
		1 2021	2 2020	3 2019	4 2018	5 2017			
	A OPERATIONS ITEMS				== :=				
	A. OPERATIONS ITEMS								
1.	Premiums	0	0	0	0	0			
2.	Title XVIII - Medicare	1	1	1	0	1			
3.	Title XIX - Medicaid	184	335	409	276	403			
4.	Commissions and reinsurance expense allowance								
5.	Total hospital and medical expenses								
	B. BALANCE SHEET ITEMS								
6.	Premiums receivable								
7.	Claims payable	0	0	0	0	0			
8.	Reinsurance recoverable on paid losses	269	37	70	1,870	213			
9.	Experience rating refunds due or unpaid								
10.	Commissions and reinsurance expense allowances due								
11.	Unauthorized reinsurance offset								
12.	Offset for reinsurance with Certified Reinsurers								
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)								
13.	Funds deposited by and withheld from (F)	0	0	0	0	0			
14.	Letters of credit (L)	0	0	0	0	0			
15.	Trust agreements (T)	0	0	0	0	0			
16.	Other (O)	0	0	0	0	0			
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)								
17.	Multiple Beneficiary Trust	······	0	0	0	0			
18.	Funds deposited by and withheld from (F)		0	0	0	0			
19.	Letters of credit (L)	·····	0	0	0	0			
20.	Trust agreements (T)	·····	0	0	0	0			
21.	Other (O)		0	0	0	0			

### **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	,	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	77,935,262		77,935,262
2.	Accident and health premiums due and unpaid (Line 15)	1,451,326		1,451,326
3.	Amounts recoverable from reinsurers (Line 16.1)	269,087		269,087
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	588,368		588,368
6.	Total assets (Line 28)	80,244,043	0	80,244,043
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	2,851,208		2,851,208
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,837,808		1,837,808
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	9,498,730		9,498,730
15.	Total liabilities (Line 24)	14,187,746	0	14, 187, 746
16.	Total capital and surplus (Line 33)	66,056,297	XXX	66,056,297
17.	Total liabilities, capital and surplus (Line 34)	80,244,043	0	80,244,043
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	. 0		
23.	Total ceded reinsurance recoverables	. 0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

### **SCHEDULE T - PART 2**

# **INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

Direct Business Only

						iness Only		•
			1	2	3 Disability	4 Long-Term	5	6
			Life	Annuities	Income	Care		
			(Group and	(Group and	(Group and	(Group and	Deposit-Type	<b>-</b>
	States, Etc.		Individual)	Individual)	Individual)	Individual)	Contracts	Totals
1.	Alabama	AL					0	0
2.	Alaska	AK					0	0
3.	Arizona	ΑZ					0	0
		AR					0	0
4.	Arkansas							
5.	California	CA					0	0
6.	Colorado	CO					0	0
7.	Connecticut	CT					0	0
8.	Delaware	DE					0	0
9.	District of Columbia	DC					0	0
							0	
10.	Florida	FL						0
11.	Georgia	GA					0	0
12.	Hawaii	HI					0	0
13.	ldaho	ID					0	0
14.	Illinois	IL					0	0
15.	Indiana	INI					0	0
		114				•		
16.	lowa	IA					0	0
17.	Kansas	KS					0	0
18.	Kentucky	KY					0	0
19.	Louisiana	LA					0	0
20.	Maine	ME					0	0
21.		MD					0	n
	Maryland							
22.	Massachusetts	MA					0	0
23.	Michigan	MI					0	0
24.	Minnesota	MN					0	0
25.	Mississippi	MS					0	0
26.	Missouri	МО					0	0
							0	0
27.	Montana	MT						0
28.	Nebraska	NE					0	0
29.	Nevada	NV					0	0
30.	New Hampshire	NH					0	0
31.	New Jersey	NJ					0	0
32.	New Mexico	NM					0	0
							0	0
33.								0
34.	North Carolina	NC					0	0
35.	North Dakota	ND					0	0
36.	Ohio	ОН					0	0
37.	Oklahoma	OK					0	0
38.	Oregon	OR					0	0
	· ·						0	^
39.	Pennsylvania							
40.	Rhode Island						0	0
41.	South Carolina	SC					0	0
42.	South Dakota	SD					0	0
43.	Tennessee	TN					0	0
44.	Texas	TX					0	0
45.	Utah						0	n
46.	Vermont						0	0
47.	Virginia	VA					0	0
48.	Washington	WA					0	0
49.	West Virginia	WV					0	0
50.	Wisconsin	WI					0	0
	Wyoming						0	0
51.								
52.	American Samoa						0	0
53.	Guam	GU					0	0
54.	Puerto Rico	PR					0	0
55.	U.S. Virgin Islands	VI					0	0
56.	Northern Mariana Islands						0	0
	Canada						0	0
57.								
58.	Aggregate Other Alien	OT					0	0
59.	Total		0	0	0	0	0	0

# **SCHEDULE Y**

# PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	2	_	1 4			7	0	T 0	40	11	40	40	1 44	1 45	10
1	2	3	4	5	ь	/	8	9	10	11	_12	13	14	15	16
											Туре	IT			Ĭ
											of Control	Control			Ĭ
											(Ownership,	is		Is an	Ĭ
						Name of Securities			Relation-		Board,	Owner-		SCA	Ĭ
						Exchange		Domi-	ship		Management,	ship		Filina	Ĭ
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	Ĭ
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	Ĭ
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
	Priority Health	95561	38-2715520	11000	0110	international)	Priority Health	MI	INP	Spectrum Health System	Ownership	94.400	Spectrum Health System	(103/140)	<del></del>
0000	TITOTITY HEATTH	10006		0	0		I THOTTLY HEATTH	W1		Munson HealthCare	Ownership	5.600	Spectrum nearth System		1
3383	Priority Health	11520	32-0016523	0	0		Priority Health Choice, Inc.	MI	ΙΔ	Priority Health	Owner ship	100.000	Spectrum Health System		n
	Priority Health	12208	20-1529553	0	0		Priority Health Insurance Company	MI	ΙΛ	Priority Health	Ownership		Spectrum Health System		ا ا
	Priority Health		38-2018957	0	0		Total Health Care Inc.	MI		Priority Health	Ownership	100.000	Spectrum Health System		n
	Priority Health	12326	38-3240485	0	0		Total Health Care USA Inc.	MI	ΙΔ	Total Health Care Inc.	Ownership	100.000	Spectrum Health System		و
	Priority Health	12020	84-2310771	0	0		Total Health Care Foundation	MI	NI A	Priority Health	Board of Directors	0.000	Spectrum Health System		0
	Priority Health		38-2715520	0	0		PHMB Properties. LLC	MI	NIA	Priority Health	Ownership		Spectrum Health System		0
	Priority Health		38-2663747	0	0		Trinity Health Plans	MI		Priority Health	Ownership		Spectrum Health System		0
	Priority Health		38-3085182	0	0		Priority Health Managed Benefits, Inc.	MI		Spectrum Health System	Ownership	100.000	Spectrum Health System		0
	Triority hourth		201 0000 102	0	0		Spectrum Health Grand Rapids	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Big Rapids Hospital	MI		Spectrum Health System	Ownership		Spectrum Health System		0
				0	0		Spectrum Health Reed City Hospital	MI		Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Gerber Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum HeatIh Ludington Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Pennock	MI	NIA	Spectrum Health System	Ownership		Spectrum Health System		0
				0	0		Spectrum Health United Hospital	MI	NIA	Spectrum Health System	Ownership.		Spectrum Health System		0
				0	0		Spectrum Health Kelsey Hospital	MI		Spectrum Health System	Ownership.	100.000	Spectrum Health System		0
				0	0		Spectrum Health Zeeland Community Hospital	MI		Spectrum Health System	Ownership.	100.000	Spectrum Health System		0
				0	0		Spectrum Health Continuing Care	MI	NIA	Spectrum Health System	Ownership.	100.000	Spectrum Health System		0
				0	0		Spectrum Heatlh Medical Group	MI		Spectrum Health System	Ownership.		Spectrum Health System		0
				0	0		Spectrum Health Lakeland	MI		Spectrum Health System	Ownership.	100.000	Spectrum Health System		0
1											,		, , , , , , , , , , , , , , , , , , , ,		1

Asterisk	Explanation
1	Spectrum Health Systems (EIN 38-3382353), Class A Shareholder - 94.4%; Munson Healthcare (EIN 38-1362830), Class B Shareholder - 5.6%

# **SCHEDULE Y**

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		1 7111 4	- SUMMAN			IIIAIIOAC	TIONS W					
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material Activity Not in the		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC					Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
12208	. 20-1529553	Priority Health Insurance Company	0	0	0	0	21,509,422				21,509,422	
	38-3085182	Priority Health Managed Benefits	0	0	0	0	(375,008,243)				(375,008,243)	
95561	. 38–2715520	Priority Health		0	0	0	280,545,337				280,545,337	
11520	. 32-0016523	Priority Health Choice, Inc.	0	0	0	0	47,725,563				47,725,563	
95644	38-2018957	Total Health Care Inc.	0	0	0	0	13,979,288				13,979,288	
12326	. 38-3240485	Total Health Care USA Inc.		0	0	0	11,248,632				11,248,632	
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# **SCHEDULE Y**

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

17.11.1 3.2111117112 3.31111	ROLLING PARTY AND LISTING OF O	2= 3.01 11.0	4			7 1	
1		3	Granted	٥	b	_ ′	8 Granted
			Disclaimer				Disclaimer
			of Control\				of Control\
			Affiliation of				Affiliation of
		Ownership	Column 2			Ournarahin	
		Percentage	Over			Ownership Percentage	Column 5 Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities Controlled	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	by Column 5	Column 6)	(Yes/No)
			( /	9 /	,		
Priority Health	Spectrum Health System	94.400		Spectrum Health System	Priority Health	94.400	
Priority Health Choice, Inc.	Priority Health		NO	Spectrum Health System	Priority Health	94.400	
Priority Health Insurance Company	Priority Health			Spectrum Health System	Priority Health	94.400	
Total Health Care Inc.	Priority Health		N0	Spectrum Health System	Priority Health	94.400	
Total Health Care USA Inc.	Total Health Care Inc.	100.000	NO	Spectrum Health System	Priority Health	94.400	NO
			-				
			-				1
			-				1
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### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH ELLING	_	Responses
1.	MARCH FILING  Will the Supplemental Compensation Exhibit be filed with the state of domicile by M	arch 1?	YES
2.	Will an actuarial opinion be filed by March 1?		YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if	required, by March 1?	YES
_	APRIL FILING		VF0
5. 6.	Will Management's Discussion and Analysis be filed by April 1?		YES YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
•			120
8.	JUNE FILING Will an audited financial report be filed by June 1?		YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and elect		YES
	The following supplemental reports are required to be filed as part of your annual s		
	supplement. However, in the event that your company does not transact the to the specific interrogatory will be accepted in lieu of filing a "NONE" report but is not being filed for whatever reason enter SEE EXPLANATION and provide an MARCH FILING	and a bar code will be printed below. If the supplement is	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of	of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and t		NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of de		NO
13.	Will the actuarial opinion on participating and non-participating policies as required in be filed with the state of domicile and electronically with the NAIC by March 1?		NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3	3 to Exhibit 5 to Life Supplement be filed with the state of	
15.	domicile and electronically with the NAIC by March 1?	nd the NAIC by March 1?	NO NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the fi	ive-year rotation requirement for lead audit partner be filed	
17.	electronically with the NAIC by March 1?	one-vear cooling off period for independent CPA be filed	NO
	electronically with the NAIC by March 1?	, , , , , , , , , , , , , , , , , , , ,	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the F with the NAIC by March 1?		NO
	ADDII EILING		
19.	APRIL FILING Will the Long-Term Care Experience Reporting Forms be filed with the state of dom	nicile and the NAIC by April 12	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the		NO NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of		YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense All NAIC by April 1?		NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -	Parts 1 and 2 be filed with the state of domicile and the	
	NAIC by April 1?		SEE EXPLANATION
	AUGUST FILING	the state of the state in A. e. at 40	\/F0
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with Explanations:	the state of domicile by August 1?	YES
10.			
11.			
12.			
13. 14.			
15.			
16.			
17.			
18. 19.			
20.			
22.			
23.			
10	Bar Codes:		
10.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	48   15   16   16   16   16   17   18   18   18   18   18   18   18	
	III	9 5 6 4 4 2 0 2 1 3 6 0 0 0 0	
11.	Life Supplement [Document Identifier 205]	. 2011 - 1812 - 1811 - 1811   1815   1816   1816   1816   1816   1816   1816   1816   1816   1816   1816   1816	
	ll l		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	881   8   181   81   181   18   18   18	
12	Participating Opinion for Evhibit 5 [Document Identifier 274]	9 5 6 4 4 2 0 2 1 4 2 0 0 0 0	
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]		
	ll l	9 5 6 4 4 2 0 2 1 3 7 1 0 0 0	
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]		
	ll l		
15.	Medicare Part D Coverage Supplement [Document Identifier 365]	881   8   181   81   18   18   18   18	
	·	ABI 18 18 81 81 81 8 81 1 8 8 8 1 8 8 1 8 8 1 8 8 1 8	
16	Polish from the five year retation requirement for lead and the artist and a second to the second to		
16.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]		
	II		
17.	Relief from the one-year cooling off period for independent CPA		
	[Document Identifier 225]		8)    <b>68</b> )    <b>68</b> )   <b>188</b> )

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18. Relief from the Requirements for Audit Committees [Document Identifier 226]

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 19. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 20. Life Supplement [Document Identifier 211]
- 22. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]

